Approved for use through 01/31/2009. OMB 0651-00301

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/563,655				
Filing Date	January 5, 2006				
First Named Inventor	J. Christopher Anderson				
Group Art Unit	1656				
Examiner Name	Kagnew H.Gebreyesus				
Attorney Docket Number	54A-000410US				

ENCLOSURES (check all that apply)						
X Fee Transmittal Fo	orm	PTO-1449 Form		Interview Summary		
Fee Attache	ed	Cited References	X	Request for Continued Examination (RCE)		
X Amendment / Res	·	Copy of PCT Search Report		Request for Corrected Filing receipt		
X Amendmen for Recons	it and Request ideration	Copy of EP Search Report		Copy of Filing Receipt – marked up		
Affidavits/d	declaration(s)	CD, Number of CD(s)		Replacement Application Data Entry Form		
X Extension of Time	e Request	Power of Attorney, Revocation Change of Correspondence Address		Additional Enclosure(s) (please identify below):		
X Receipt Acknow	ledgement	Terminal Disclaimer				
Information Disclo	sure Statement	Small Entity Statement Request for Refund				
Certified Copy of	Mullion	rization to Charge Deposit Account				
Document(s) Response to Miss Incomplete Applic	sing Parts/ this par	Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.				
	Rei	marks				
Parts unde	Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Edward J. DesJardins, Ph.D., Reg. No. 51,162, Quine Intellectual Property Law Group, P.C. Individual name						
Signature £.	7.00	· ·				
Date September 22, 2009						

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kimberly Cheung				
Signature	K	Intern Chunn	Date	September 22, 2009	

Effective on 12/08/2004.		Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number	10/563,655	
			Filing Date	January 5, 2006	
For FY 2009		First Named Inventor	J. Christopher Anderson		
		Examiner Name	Kagnew H.Gebreyesus		
Applicant claims small	X Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1656	
TOTAL AMOUNT OF PAYME	ντ (\$)	650.00	Attorney Docket No.	54A-000410US	

TOTAL AMOUNT OF PAYMENT	(\$)	650.00	Attorney Docke	et No.	54A-000410US		
METHOD OF PAYMENT (check al	l that apply)					
Check Credit Card Money Order None Other(please identify): Deposit Account Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
Information and authorization on PTO-2038.							
FEE CA LCUL ATION	NID EV AA	AINIA TIONI EEEC	<u> </u>		·· <u> </u>		
	ING FEES Small Er		RCH FEES Small Entity	EXAM	INATION FEES Small Entity		
Applicat ion Ty pe Fee				<u>Fee (</u>	S) Fee (S)	Fees Paid (\$)	
Utility 330	165	540	270	220	110		
Design 220) 110	100	50	140	70		
Plant 220) 110	330	165	170	85		
Reissue 330	165	540	270	650	325		
Provisional 220) 110	0	0	0	0		
2. EXCESS CLA IM FEES Fee Description Each claim over 20 (includ)	ina Paissu	or)			<u>Fee (\$)</u> 52	Small Entity Fee (S) 26	
Each independent claim over					220	110	
Multiple dependent claims 390 195							
TOTAL CIAINIS	Claims	Fee (\$) Fee	Paid (\$)			ependent Claims Fee Paid (\$)	
- 20 or HP = HP = highest number of total claims	X paid for, if gre	= eater than 20.			<u>Fee (\$) </u>	<u>ree raiu (3)</u>	
Indep. Claims Extra	Claims		Paid (\$)				
3 or HP = HP = highest number of independent	X .claims paid fo	or, if greater than 3.					
3. APPLICATION SIZE FEE							
If the specification and drawing listings under 37 CFR 1.52(e	us exceed 10	00 sheets of paper ication size fee due	excluding elect) is \$270 (\$135 fc	ronically or small e	filed sequence or on the sequence or of the sequenc	computer itional 50	
sheets or fraction thereof. Se		41(a)(1)(G) and 37	CFR 1.16(s).				
<u>Total Sheets</u> <u>Extra</u> - 100 =	Sheets	Number of each	n additional 50 or f (round up to a			(\$) Fee Paid (\$)	
4. OTHER FEE(S)			(round up to a	WHOIC HE	Eci) X	Fee Paid (\$)	
Non-English Specification		fee (no small enti	ty discount)			1001410 (8)	
Other (e.g., late filing surch			<u> </u>			405	
Other: Request for Contin						245	
Other: Petition for 2-Mont	Extension	n or 11me					
							
Other:							
Other:							
SUBMITTED BY	7						
Signature \(\xi_0\)	787	/~~·	Registration No.	51,1	62 Telepho	ne (510) 337-7871	

SUBMITTED BY						
Signature	100.03	· /	Registration No. (Attorney/Agent)	51,162	Telephone	(510) 337-7871
Name (Print/Type)	Edward J. D	es ardins, Ph.D.			Date Ser	otember 22, 2009